

PART B - FEE(S) TRANSMITTAL

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7590 04/04/2007
JOHN LEZDEY & ASSOCIATES
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| | |
|-------------|--------------------|
| John Lezdey | (Depositor's name) |
| John Lezdey | (Signature) |
| 4/13/07 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/672,177 | 09/26/2003 | John Lezdey | 1435-1 | 9860 |

TITLE OF INVENTION: DNA FOR EXPRESSION OF ALPHA 1-ANTITRYPsin IN METHYLOTROPIC YEAST

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$0 | \$0 | \$700 | 07/05/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| VOGEL, NANCY S | 1636 | 435-069200 |

| | | |
|--|---|----------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1. John Lezdey 2. 3. |
|--|---|----------------------------|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ALPHAMED PHARMACEUTICALS CORP

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

LARGO FLORIDA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John Lezdey

Date

4/13/07

Typed or printed name

John LEZDEY

Registration No.

22735

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